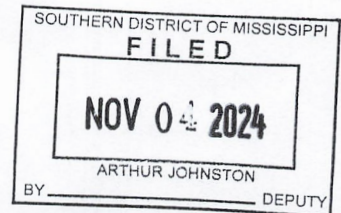


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
 IN THE UNITED STATES DISTRICT COURT  
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

## COMPLAINT

Ray 461889  
 (Last Name) (Identification Number)  
Xavian  
 (First Name) (Middle Name)  
Harrison County ADC Unit 15  
 (Institution)  
4506 Marlene St. Bossier City LA. 71111  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



V.

CIVIL ACTION NUMBER: 1:24cv343 TBM-RPM

(to be completed by the Court)

Harrison County Sheriff  
Department Deputy Crosby  
and two unknown officers  
Harrison County, Mississippi  
 (Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ☒ ) No ( ☐ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: Harrison County, Mississippi. Bowman, D.O. Hams,  
co. Phillips. Lt. Pickens all from Harrison Adult Detention  
Center
2. Court (if federal court, name the district; if state court, name the county): Southern District of  
Mississippi, Harrison
3. Docket Number: 1:24-cv-00295-TBM-RPM
4. Name of judge to whom case was assigned: ROBERT P. MYERS, JR. US MAGISTRATE  
JUDGE
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): Still pending



## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Xavian J. Ray Sr. Prisoner Number: 461889/T9788  
 Address: Harrison County ADC Unit 15  
4506 Marlena St.  
Bossier City, LA 71111

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Deputy Crosby two unknown officers is employed as  
Sheriff deputies at Harrison County  
Sheriff Department

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Xavian J. Ray Sr. ADDRESS: Harrison County ADC Unit 15  
Bossier City, LA 71111

## DEFENDANT(S):

NAME: Deputy Crosby ADDRESS: Harrison County Sheriff Department  
& 10451 Larkin Smith Drive.  
Two unknown Gulfport Ms. 39503  
officers  
Harrison County, Mississippi



### GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ) No ( ☒ )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ☒ ) No ( )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ) No ( ☒ )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ☒ ) No ( )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ( ) No ( ☒ ), if so, state the results of the procedure: \_\_\_\_\_

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ) No ( ☒ )

2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_

3. State the date your claims were presented: \_\_\_\_\_

4. State the result of the procedure: \_\_\_\_\_



## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

On Feb. 14, 2017, I surrender to a K-9 officer who name I do not know. I put my hands in the air and laid on my back. As soon as I laid down the K-9 officer commanded his K-9 to attack and bite my arm. While being attack by the K-9 the officer started to pull on my ~~right~~ leg of my pants "right leg" telling me to stop resisting. Seconds later two more officers entered. Officer Crosby started to punch me in the face while the other unknown officer pulled my right arm. After several punches to the face officer Crosby pulled out his taser and shot me directly in the face. After taser me the K-9 officer commanded his K-9 to attack my leg. — Continue of another page. —→

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Emotional damage, Physical damage, Psychological damage, Emotional stress, Physical stress, Psychological stress  
I suffer from P.T.S.D. I have physical ~~wound~~ wounds from dog bites. I'm seeking 5 million, for the punches I took to the face, being shot with a taser in the face and being kicked in the face.

Signed this Oct. day of 25<sup>th</sup>, 20 24.

3 Xavier J. Ray Sr. 461889  
Signature of plaintiff, prisoner number and address of plaintiff  
Harrison County ADC Unit 15  
4506 Marlana St Bossier City, LA 71111

I declare under penalty of perjury that the foregoing is true and correct.

10/25/24  
(Date)

3 Xavier J. Ray Sr.  
Signature of plaintiff



## statement of claim

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As soon as the K9 grabbed hold to my leg, officer Crosby kicked me directly in my face knocking me uncon.

After the ordeal they brought me to Garden Park Hospital, they had me in the emergency room, when a doctor walked up they told him that I refused medical treatment. They put me back in the Ambulance and brought me the Harrison County ADX. Everything that is said is true and there should be body cameras to show that everything is also true. This happen in 2017 but the case did not get dropped until the year of 2023.